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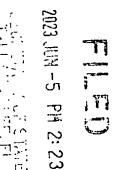
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(Business Entity Name)
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COVER LETTER

Registration Section Division of Corporations

TO:

Gillard Fina	ancial Services, LLC		** -	
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Dennis R. Gillard			
		Name of Person		
	Gillard Wealth Manageme	ent, LLC		
	··	Firm/Company	· ·	2(
	1106 Brandy Creek Drive			- 1.17 E003
		Address	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-
	Winter Garden, Fl 34787		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	-5 PH
		City/State and Zip Code		2:2
	dengillard@gmail.com		그릇	23
	E-mail address: (to be used for future annual report not	ification)	
For further information co	oncerning this matter, please c	all:		
Dennis R. Gillard		407 256-8168		
Name o	f Person		ne Telephone Number	
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	S30.00) Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Copy (additional copy	f Status & Dy
Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of T	rporations	
Tallahassee, F			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gillard Financial Services, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	inv as it now appears on our rec Liability Company)	ords.)		
The Articles of Organization for this Limited Liability Company Florida document number attached Logo 000 16054	were filed on 09-18-2001	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Gillard Wealth Management, LLC	·			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	.LC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)	1106 Brandy Creek Drive	202		
	Winter Garden, FL 34787			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, ent	er the name of the new register		
New Registered Office Address.	Enter Florida street add	ress		
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, provided for in Chapter 60.	and I am familiar with and 5, F.S. Or, if this document is		

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			Remove
			□ Change
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cord specifies a del s filed.	ayed effective date, but r	not an effective tip	me, at 12:01 a.m.	on the earlier o	f: (b) T	ie 90th	day after
lune 1		2023					
June 1 ed		_,	-· -				

Typed or printed name of signee